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ABSTRACT

Counseling is a deliberate psychological interaction requiring the counselor to relate and communicate with his clients, to diagnose, to recommend preventive and remediative measures, and to intervene at some level of competency. Each area is problematic in cross-cultural counseling because of cultural difference. Relationship barriers are transference, countertransference, rapport difficulties, explicit and implicit communication impediments, structuring, and cultural factors. Diagnosing minorities is difficult primarily because assessment tools and procedures, whether psychometric or impressionistic, are inadequate with minorities in general. Cultural differences also leave the counselor in a quandary as to what to recommend to assist the client. Intervention difficulties are discussed. Reasons for little productive research are posited. Possible solutions to the problems are offered. (Author)

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Cross-Cultural Counseling in Perspective*

by

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During the last two decades, increased attention has been focused on problems inherent in cross-cultural counseling. Bishop and Winokur (1956), Cajoleas (1958), Tan (1967), and Kiev (1972) are among writers who have discussed difficulties American professionals encounter counseling individuals from other countries. Burrell and Rayder (1971), Cimbolic (1972), Carkhuff and Pierce (1967), and Sue and Sue (1972), just to name a few writers, have considered problems unique to situations in which the interactants, although Americans, are racially and ethnically different. Albeit a plethora of literature has developed on the issue of inter- and intra-cross cultural counseling, yet to be resolved is whether cultural differences do indeed make a difference in psychotherapeutic relationships.

The purpose of this paper is to put in perspective the problem of counseling racial and ethnic minorities in the United States. In order to do this, it is first imperative to posit a definition of counseling. Counseling is a deliberate psychological interaction in which two or more individuals are involved, in order that at least one of the participants may assist one or more of the interactants live and function more effectively at the time of the interaction or

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in the future. Specifically, the goal of counseling is to assist directly or indirectly the recipient in adjusting to or otherwise negotiating environments which influence his or another person's well-being. In order to accomplish this objective, the counselor must relate and communicate with the client, he must determine his state of adjustment, he must decide either alone or with him the course of action needed to improve his current or future situation, and he should be able to intervene on some level of competency to assist the client. It is now possible to consider within the framework of this definition how cultural differences impede the counselor's efforts to assist racial and ethnic minorities in this country.

The Relationship

Since counseling is a dynamic process, its components do not lend themselves easily to scrutiny or measurement. Even so, an attempt is made here to examine the psychotherapeutic relationship for encumbrances resulting from differences in the cultural backgrounds of the interactants. Transference, countertransference, language, structuring, and self-disclosure are often impediments for a variety of reasons in cross-cultural counseling.

Transference. Transference, a concept pervasive in therapeutic literature, refers to the client's transferring to the counselor feelings and attitudes which in reality are those felt for someone else, past or present (Fromm-Reichmann, 1950, p. 79). These responses may be conscious or unconscious (Greenson, 1964, p. 154); they may be positive or negative (Brammer & Shostrom, 1968, p. 234). In intra-cross cultural counseling,

the transference is most apt to be negative, especially in the initial stage of the relationship.

A primary source of transference is hardships which racial and ethnic minorities encounter in this country. People whose hopes and aspirations are forever frustrated soon learn not to expect much from themselves or from others. For example poor blacks who experience continuous frustrations in childhood grow up devoid of confidence in human relations (Kardiner & Ovesey, 1962, p. 308). Among American Indians, confusion over cultural identity often leads to expressions of jealousy, suspicion, and antagonism (Samora, et al., 1965). Appalachian whites are apprehensive in most human interactions, because they can never be sure of the "other fellow" (Weller, 1966, p. 49).

A secondary source of transference is experiences which minorities have had with majority group people in this country. Spanish heritage people, Americans of African descent, American Indians---they all have had unpleasant encounters with whites. Therefore, they bring to the counseling relationship a predisposition to respond negatively to the dominant group counselor. Often the client, when faced with a counselor who does not fit the "ugly counselor" stereotype, will try to goad him into fitting his perception, thereby justifying his rejecting the counselor (Winnicott, 1949). The minority client's negative transference is not reserved just for the white counselor. It is generalized sometimes to members of his own racial or ethnic group who occupy positions usually held by whites or who "act white."

Negative transference is sufficient to render the counselor and his efforts useless. First, it makes difficult, if not impossible,

the establishment of positive rapport, generally considered prerequisite to effective counseling. Secondly, transference constitutes a disturbing form of resistance, which is manifested frequently by overt or passive hostility (Wolberg, 1967, pp. 729-732). Thirdly, the client's negative feelings invalidate the counselor's interpretations and suggestions. Finally, they run the risk of nullifying any diagnosis or recommendations the counselor makes.

Countertransference. An analogue of transference in the client, countertransference derives from the counselor's past experiences (Spitz, 1956). Whether negative or positive, countertransference suggests inappropriate responses which the counselor makes to the client (Greenson, 1964, p. 348). The degree to which these reactions are inapt is related to the extent to which the counselor is culturally ethnocentric. The individual who is culturally provincial is inclined to view all things different as somewhat imperfect or strange (Lee, 1966, p. 342). Such an attitude, spoken or not, is quickly transmitted to the culturally different client, most of whom can "feel" rejection.

In general, the more the counselor is similar to the client on whatever dimensions, the more one can rule out the possibility of countertransference being problematic. Real or imagined differences cause the counselor to react consciously and unconsciously with varied and inappropriate behavior (Goffman, 1967, p. 119). In the main, he becomes interaction conscious for many reasons: he recognizes his own unresolved feelings toward the racial or ethnic group the client represents, he may be afraid the client will evaluate him negatively, or he feels guilty about, or somehow responsible for, the plight of

minorities in society. Therefore, instead of focusing on the needs of the individual client here and now, he is sidetracked with other considerations. The suggested anxiety generates his stereotypic, controlled, and insecure behavior, which all too often dooms the cross-cultural counseling relationship (Kleck, Ono, & Hastorf, 1966).

Language. Language, the major vehicle for counseling, is a cultural component. As such, it constitutes the most formidable barrier in cross-cultural interaction. The monocultural counselor encounters varying degrees of difficulty communicating with culturally different clients, who, like all human beings, communicate on two levels---the explicit and the implicit.

In explicit communication---verbal exchange---the counselor experiences problems ranging from severe to negligible. Illustrative of blocked communication is his attempt to converse with Pueblo Indians of New Mexico who speak little or no English in everyday life (U. S. Department of Labor, 1968, p. 130). Efforts to verbally interact with essentially "alingual" or biculturally illiterate Mexican-Americans to whom Spanish or English that is standard is unintelligible may be cited also as an example of severe problems (Moore, 1970, pp. 77-78).

On the other hand, the counselor's problems communicating with Appalachian whites, many of whom use select words, phrases, or pronunciations strange to the counselor, are mild compared to difficulties encountered in conversing with individuals who speak no English at all. Also negligible are problems many counselors experience in communicating with ghetto blacks, some of whom use an argot unique to the black community.

Likewise disconcerting to the counselor is the reluctance of culturally different clients to talk about their feelings. American Indians, Appalachian whites, and ghetto blacks all communicate concretely, directly, and economically. In general, lower-class people have difficulty verbalizing feelings, their own or anybody else's (Bernstein, 1964). They use language for communication, not as a tool for reflective and introspective thought, such as is expected in counseling (U. S. Dept. of HEW, 1970, p. 101).

Even so, it is important to recognize that the human body is a unit; individuals communicate thus (Kris, 1941). To benefit totally from a communication, one must understand not only what is conveyed explicitly, but implicitly as well (Trager, 1958). These two aspects of language are interdependent (Fast, 1970, p. 118). An unguarded glance, a momentary change in tone of voice, an ecological position---all these can drench a verbal response with judgmental significance (Goffman, 1967, p. 33). Moreover, man finds it much more difficult to lie with the total body, especially to the careful observer (Ruesch & Kees, 1972, p. 39).

However, in order to understand the meaning of gestures, posture, inflections, and even affective expressions, it is imperative to look critically across cultures, across classes, and across institutions (Fitzgerald, 1963). Like his words, a speaker's bodily expressions derive from the culture of which he is a member (Vetter, 1969, p. 207). It is therefore understandable that the monocultural counselor is decidedly handicapped communicating effectively with culturally different clients. Especially does he experience difficulty recognizing emotions

such as anguish, contempt, disgust, and other strong but subdued sentiments, feelings hard to communicate across cultures (Thompson & Meltzer, 1964; Vetter, 1969, p. 125).

Structuring. Structuring refers to the act of defining roles in the psychotherapeutic social system. Although usually communicated by the counselor, especially in a dyad, therapeutic norms and regulations may be conveyed by any or all interactants in a group. Individuals who, for whatever reason, are uninitiated in the demands, expectations, attitudes, and activities of counseling, must be taught the counselee's role, if they are to profit from the counseling relationship. The psychotherapeutically uninitiated in this country are generally the American Indians, Americans of African descent, Hispanics, and Appalachian whites, mainly because, traditionally, counseling has been something done by the middle-class for the middle-class. Few culturally and visibly different minorities fall within this category.

In counseling such individuals---the culturally different---the counselor should ascertain first whether the client knows the rules of the therapeutic game. If he does not, this ought to be his first objective (Lennard & Bernstein, 1967). The client's affirmation may not be sufficient reason for the counselor to assume that he understands the nature of counseling and the roles that interactants play. Sometimes, such a response is an attempt to avoid appearing ignorant. For this reason the counselor may wish to instruct the client in his role as instruction is needed. Indeed, teaching a client what to expect from the helping relationship should be considered an important aspect of counseling anyway (Lennard & Bernstein, 1970, p. 147). Often,

if not always, client role insights parallel other desirable insights and improvements.

In counseling middle-class clients, the most common approach to structuring is to verbalize the perimeters of the relationship. Playing for the client a mock or real audio or audio-visual tape of a counseling interview before counseling him is recommended instead of, or in addition to, the verbal procedure, because, in the main, the culturally different benefit significantly from concretized instructional devices.

Self-disclosure. Fluid client self-disclosure or willingness to let the counselor know what he thinks and feels is prerequisite to productive counseling (Jourard, 1959). In the American society, poor blacks, browns, and whites are reluctant to reveal themselves in therapeutic communication. The hesitation is related to their environment which they perceive as hostile. In decaying ghettos, blacks, especially young black males, forever surrounded by adversity, learn to "play it cool," to keep up their dukes, psychologically speaking, lest they experience additional hardships (Grier & Cobbs, 1968, p. 68). In the barrios, Chicanos learn to disguise themselves, particularly from Anglos, people they perceive as being antagonistic (Steiner, 1969, p. 150). In the backwoods, Appalachians are suspicious of outsiders, whom they consider to be "up to no good."

Of the groups, Americans of African descent, especially young men, are most reluctant to self-disclose. The reluctance is related not only to their perception of the environment as hostile but also

to their self-rejection. He who rejects himself, rejects and distrusts his fellows, whatever color they happen to be. He fears surrendering himself therapeutically, because to do so is to lose autonomy. He is afraid of being understood, because he who understands him will discover his facade; and to be stripped of his veneer is to be left naked in a hostile world.

There is no easy solution to the problem of self-disclosure among this group---the black males---for a person will disclose himself only when he believes his audience to be of good will, as Jourard (1964, p. 4) points out. Not only that, but self-disclosure follows an attitude of love and trust, love of self and trust in the target person---the individual to whom one discloses. It is not likely to occur when people, for whatever reason, are unable to love and trust their fellows because they cannot love and trust themselves.

These, then, are only a few relationship problems encountered in cross-cultural counseling. The degree to which they are problematic depends, among other things, on the racial and ethnic backgrounds of the interactants, their ages, their sex, the extent to which the client identifies with the dominant cultural group, and the section of the country in which the counseling takes place.

Diagnosis

Although relationship difficulties abound in cross-cultural counseling, diagnosing is also perplexing. In order to determine the client's condition, its etiology, and gravity, the counselor needs vital information. Usually, therapeutic intelligence derives either from psychometric or impressionistic assessment procedures (Cronbach,

1960, pp. 24-29). Psychometric data are obtained from objective, standardized instruments which yield estimates of an individual's traits or performance. The impressionistic approach relies on subjective techniques in which an observer develops a comprehensive description of the client by all significant clues available. Both procedures are suspect in cross-cultural assessment.

Cultural differences explain depressed test scores among unassimilated minorities. Language comprehension constitutes a cultural barrier in taking tests, in the case of many American Indians and Hispanics who have little or no fluency in English (US Dept. of Labor, 1960, p. 130; Moore, 1970, pp. 77-78); or for poor blacks and whites whose reading ability may be considerably below the vocabulary level of the assessment tools (SPSSI, 1964). Individuals proficient in English are often handicapped, because content on most tests and inventories assume a monolithic culture. Test makers fail to recognize that, for many, personality and interests, for example, are more derivative of their immediate sub-culture than the umbrella culture.

For poor minorities, life is so hard that it seems externally controlled (Lefcourt & Ladwig, 1965). Such a negative Weltanschauung may explain why test administrators find that poor children approach test taking lackadaisically. This attitude, in conjunction with self-hatred, increases the likelihood of failure for black examinees (Shrauger & Rosenberg, 1970). Finally, depressed scores are anticipated when the examiner is racially or ethnically different from the examinees or, in the case of blacks, when the white examiner has an

anxiety-producing Southern accent (Garcia & Zimmerman, 1972; Deutsch, 1967; Vontress, 1973).

Although psychometric tests are suspect in assessing unassimilated minorities, it is doubtful that impressionistic approaches such as the clinical interview are more reliable. First of all, they rely on the client's presentation of himself to the counselor. The presentation may be intentionally or unintentionally distorted, disguised, or misleading (Heine, 1971, p. 53). The likelihood of such is increased when there is negative transference, which obtains in many biracial dyads. Secondly, the culturally different counselor, ipso facto, is handicapped in his ability to make judgments about minority group clients (Taft, 1955). Cultural differences produce perceptual distortions, which in turn increase the probability that the counselor's diagnosis is invalid (Kiev, 1972, p. 27; Halpern, 1955; Seidman & Koulack, 1973).

Prognosis

It is somewhat superficial to separate prognosis from diagnosis, since they, in the counselor's mind, are perforce closely allied. Especially is this position tenable, if one concedes that the past and the future are inseparable. Diagnosis is concerned with the definition and causes of the client's problem or condition. Therefore, it relates to his past and present. Prognosis is concerned with the individual's future. It is a prediction of what will happen when certain conditions and remedies are provided by the counselor and others. Implied is that a reasonable prognosis is hardly possible without an

accurate diagnosis.

Cultural differences necessarily influence the accuracy of the counselor's prognostication. His ability to relate to a poor black, brown, or white; his attitude toward such a client; his understanding of the client's total background---these and other factors determine how he perceives the client's future (Wolberg, 1967, p. 495). For example, many white counselors of blacks in the public school setting, when confronted with seniors with College Board scores totaling only 600 are quick to conclude that the youngsters must exclude college from their future. Little do they realize that SAT scores are seldom predictive of college success of unassimilated minority group students. Illustrative also are Anglo counselors who often recommend that Hispanic children be removed from homes which they---the counselors---perceive as overcrowded and therefore undesirable without understanding the extended family pattern pervasive in many Spanish heritage communities.

Since many, if not most, racial and ethnic minorities in this country are, to some extent, bicultural, the counselor, in order to formulate tenable prognoses, must understand not only the umbrella culture but the subculture as well. Not only this, but he needs to consider the interactive effects of the two cultures on the client. Some culturally different are still strongly rooted to and influenced by their subculture; others are quietly and quickly acceding to the demands and expectations of the major culture; some are caught in an agonizing cultural conflict; and still others are in cultural limbo---they, in their rush to assimilate, are now rejected by their own subcultural fellows and not accepted by those in the umbrella culture.

Indeed, people who look alike are not always alike.

Intervention

In cross-cultural counseling, often the counselor is unable to intervene effectively on behalf of his client for several reasons. Problems connected with therapeutic communication, diagnosis, and prognosis have been discussed already. Another difficulty is the minority group client himself, who may resist the counseling goals, especially those which imply change or new anxiety-producing situations. The counselor should guard against encouraging him to make quickly decisons, which, for him, demand personal pondering.

Intervention can be blocked by the client's significant others. Counselors in Appalachia are chagrined sometimes to discover that their counseling is undone by superstitious parents to whom the child reports the content of the counseling interview. In the Southwest, counselors are disappointed to learn that many Mexican-American parents are swayed more by their belief in mal ojo than they are by any helping professional (Rubel, 1960). In extended Oriental and Hispanic families, it is important to recognize that family members rarely make individual decision (Garcia, 1971; Kitano, 1969, pp. 66-67). In such situations, the counselor may need to provide family counseling in order to intervene on behalf of a single member, no matter how old he happens to be.

That the counselor typically works within an institutional setting suggests that there are forces outside the counselor's office which can hinder his intervention efforts. For example, the school counselor may find that he alone cannot help Spanish heritage or black children

adjust to a predominantly Anglo school, if the janitors, teachers, fellow students, and administrators are hostile to their presence. In government, although the personnel counselor places a minority group employee in a position commensurate with his experiences and skills, he may be unable to control the indifferent reception of other employees or the demeaning tasks assigned by the supervisor.

Intervention on behalf of minority group clients frequently is made difficult and sometimes impossible because the community at large is indifferent to the needs and problems of the minority group in question. For example, in the Southwest, many Spanish heritage children are doomed to failure in the public schools, because English is the sole language of instruction. Although the counselor may recognize that some of his failing Hispanic clients are in fact extremely gifted, often he is unable to scotch their academic demise because the Anglo community, which controls the purse strings, just does not care when it comes to "those kids."

Conclusions

Numerous problems exist in counseling minority group counselees. They derive primarily from cross-cultural barriers which cause communication static and distortion in interactions involving individuals from culturally different backgrounds. The fact that the client comes from a distinct subculture impairs the counselor's ability to determine not only what difficulties he may be experiencing but also leaves him at loss as to what to do to prevent or alleviate them.

Now that the impediments have been described, what should be done?

Concerned counselors ask for special techniques to use with minorities. Others want to know whether it is better for minorities to be counselors to minorities, since racial and ethnic barriers are so threatening and difficult to penetrate. Few counselors ever ask what they can do to change themselves; few want to know how they can become better human beings in order to relate more effectively to other human beings who, through the accident of birth, are racially and ethnically different. The failure of counselors to ask these questions indicates essentially why counseling minorities continues to be a problem in this country. Counselors are products of a culture which has been characterized as racist. They, in spite of a few graduate courses in counseling and guidance, are shaped by that culture.

Counselors in service and in training need to be exposed to new experiences if they are to become effective counseling minorities. Although a course in counseling racial and ethnic minorities may be another exciting and rewarding cognitive exposure, needed most are affective experiences designed to humanize counselors. Therapeutic group activities extending over long periods, practicums and internships in minority communities, living in subcultural environments, and individual therapy---these are just a few suggestions for helping counselors grow as human beings. However, these experiences presuppose that counselor educators and supervisors have achieved enough personal insight and knowledge of minorities to help others develop in the manner suggested.

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